

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Arthur Kinner	<i>Arthur Kinner</i>	Street: 2014 N. MARINE DR 202 City: MILWAUKEE Zip: 53012	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	12/1/2011 (Month) (Day) (Year)	Email Phone () ()
2. Saul Carter	<i>Saul Carter</i>	Street: 2104 N. MILK City: milwaukee Zip: wis	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City milwaukee	12/1/2011 (Month) (Day) (Year)	Email Phone () ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
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Certification of Circulator

I, John C. Woods, (certify): I reside at 2104 N. MILK DR. #205 Milwaukee 53212
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(2)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)

John C. Woods
(Signature of Circulator)

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Circulators, please

Phone

Email

SCOTT WALKER RECALL PETITION

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Teresa Provencher	<i>Teresa Provencher</i>	Street: 3430 N. 77th St. City: Milwaukee Zip: 53222	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/12/2012 (Month) (Day) (Year)	Email Phone ()
2. David L. McLaughlin	<i>David L. McLaughlin</i>	Street: 3618 N. 77th City: Milwaukee Zip: 53222	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/12/2012 (Month) (Day) (Year)	Email Phone ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
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Certification of Circulator

I, Kevin Schmedtke, (certify): I reside at 3218A N. Weil St Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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[Signature]
(Signature of Circulator)

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Circulators, please i

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Karis Bermudez	<i>Karis</i>	Street: 1053 Fleetfoot Dr. City: Waukesha Zip: 53186	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waukesha	1 / 11 / 2012 <small>(Month) (Day) (Year)</small>
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
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I, Kevin Schumacher (Name of Circulator), (certify): I reside at 3218 A N. Weil St (Circulator's Residence - Street name and Number) Milwaukee (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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[Signature]
(Signature of Circulator)

Page No. (For Office Use Only)
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Circulators, please
Phone 26
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. David R. Duller	<i>David R Duller</i>	Street: 1923D Springbrook No. City: Waukesha Zip: 53186	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waukesha	1/11/2012 (Month) (Day) (Year)
2. Carol A Duller	<i>Carol A Duller</i>	Street: 1923D Springbrook N City: Waukesha Zip: 53186	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waukesha	1/11/2012 (Month) (Day) (Year)
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Certification of Circulator

I, Teresa Pollock (Name of Circulator), (certify): I reside at 2828 N. Fraternity #2 (Circulator's Residence - Street name and Number) Milwaukee (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Teresa Pollock
(Signature of Circulator)

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1. CONNOR O'HARA		Street: 1321 CAMDEN WAY B City: WAUKESHA Zip: 53186	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUKESHA	1 / 11 / 2012 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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Certification of Circulator

I, Jessica Coppro, (Name of Circulator) (certify): I reside at 6226 W. Girard Ave Milwaukee (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
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Circulators, please

Phone
Email

SCOTT WALKER RECALL PETITION

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1. Jane M. Jansen	<i>Jane M. Jansen</i>	Street: 2901 N 79th St City: Milwaukee Zip: 53222	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/12/2012 (Month) (Day) (Year)	Email: Jane. Phone: (414)
2. Garrett Stangel	<i>G. Stangel</i>	Street: 3019 N. 79th St. City: Milwaukee Zip: 53222	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/12/2012 (Month) (Day) (Year)	Email: Phone: ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ()
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Certification of Circulator

I, Jessica Corroo, (certify): I reside at 6226 W. Girard Ave Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)

Jessica Corroo
(Signature of Circulator)

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(Official Use Only)

Circulators, please
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SCOTT WALKER RECALL PETITION

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1. Jennifer Black	<i>Jennifer Black</i>	Street: 7361 Highview Drive City: Greendale WI Zip: 53129	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greendale	12/18/2011 (Month) (Day) (Year)
2. Linda Mroczek	<i>Linda Mroczek</i>	Street: 3024 N 92nd City: West Allis Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	12/18/2011 (Month) (Day) (Year)
3. Richard Sego	<i>Richard Sego</i>	Street: 3037 S 62nd City: Milwaukee Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/21/2011 (Month) (Day) (Year)
4. Megan Hart	<i>Megan Hart</i>	Street: 1971 S. 89 City: West Allis Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	12/22/2011 (Month) (Day) (Year)
5. Sharon Larsen	<i>S. Larsen</i>	Street: 2729 Portage City: Waukesha Zip: 53189	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Waukesha	12/25/2011 (Month) (Day) (Year)
6. Ann Pietrak	<i>Ann Pietrak</i>	Street: 2729 Portage City: Waukesha Zip: 53189	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Waukesha	12/25/2011 (Month) (Day) (Year)
7. Laurie Berg	<i>Laurie Berg</i>	Street: 2165 S. 75th St. City: West Allis WI Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	1/10/2012 (Month) (Day) (Year)
8. Jennifer Sego	<i>Jennifer Sego</i>	Street: 3037 S 62nd City: Milwaukee Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/11/2012 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
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Certification of Circulator

Tammy Hart
(Name of Circulator)

(certify): I reside at 1971 S. 89
(Circulator's Residence - Street name and Number)

West Allis
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(4)(a), Wis. Stats.

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Tammy Hart
(Signature of Circulator)

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Circulator
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SCOTT WALKER RECALL PETITION

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1. Christopher Garcia	<i>Christopher Garcia</i>	Street: 3030 1 st 11 th Lisbon City: Milwaukee Zip: 53222	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/10/2010 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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Certification of Circulator

I, Greg Collar, (certify): I reside at 222 N. 111 St. Wauwatosa
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 12 / 2012
(Month) (Day) (Year)

Greg Collar
(Signature of Circulator)

080358

(Official Use Only)

Circulators, p.
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return
Comm
PO Box
Madiso

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Kamran Amini	<i>Kamran</i>	Street: 3024 N 78th St. City: Milwaukee Zip: 53222	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/12/2012 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Mike Goltz, (certify): I reside at 125 E. Wells St. #205 Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)

Mike Goltz
(Signature of Circulator)

Page No. (Official Use Only)
000359

Circulators, please

Phone
Email

SCOTT WALKER RECALL PETITION

e Wisconsin Government Accountability Board. We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott or from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9, 10 of the Wisconsin Statutes.

Return by Jan
Recall Scott W
PO Box 1651
Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also indicate Town, City or Village)</small>	DATE OF SIGNING	CONTACT
JASON WEEKS	3723 N 25TH ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	11/24/2011 (Month) (Day) (Year)	Phone Jewe (414) 94 Email
Priscilla	Milwaukee Zip: 53206	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	11/24/2011 (Month) (Day) (Year)	Phone (414) 77 Email
Timothy Prescott Juniata Junco	2314 N 28th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	11/24/2011 (Month) (Day) (Year)	Phone (414) 77 Email
Coleen Smith Colleen Smith	1341 W. Brown St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	11/24/2011 (Month) (Day) (Year)	Phone ten (414) 2 Email
J.B. BLUNT	3905-W. Canyon Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	11/24/2011 (Month) (Day) (Year)	Phone () Email
g.b. abel	Milwaukee Zip: 53216	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	11/24/2011 (Month) (Day) (Year)	Phone () Email
BOBBY McNeil	1111 N. 16th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	11/24/2011 (Month) (Day) (Year)	Phone () Email
Bobby McNeil	Milwaukee Zip: 53205	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	11/24/2011 (Month) (Day) (Year)	Phone () Email
EMILY DAVIS				

Certification of Circulator

(Printed Name of Circulator) (certify): I reside at (Circulator's Residence - Street Name and Number)

3131-N 9th St Milwaukee Zip: 53212

(Circulator Municipality)

I hereby certify that each person signed the petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the recall petitioner. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/24/2011 6:16 PM (Date) (Day) (Month) (Year) (Signature of Circulator)

Page No. (00) of the (00) 000360

Circulators

Please include your contact information

Phone (414) 23
Email

SCOTT WALKER RECALL PETITION

Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott in office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January
Recall Scott Walk
PO Box 1651
Madison, WI 5370

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

3. & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>(Also indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFO
<u>Scott Walker</u>	<u>2121 N 2 ST</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> <small>(Municipality Name)</small>	<u>12/30/2011</u> <small>(Month) (Day) (Year)</small>	Phone () Email ()
<u>Sheila Blackshire</u>	<u>2943 W 21ST</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> <small>(Municipality Name)</small>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Phone () Email ()
<u>Shade Blackshire</u>	<u>Milwaukee 53206</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> <small>(Municipality Name)</small>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Phone () Email ()
<u>LARRY ELIOT</u>	<u>6878 Northvue Ct.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> <small>(Municipality Name)</small>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Phone () Email ()
<u>Joany Flint</u>	<u>WEST BEND 53096</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WEST BEND</u> <small>(Municipality Name)</small>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Phone () Email ()
<u>Mary Collins</u>	<u>2934 N. Pierce St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> <small>(Municipality Name)</small>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Phone () Email ()
<u>SV Tolkin</u>	<u>Milwaukee 53212</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> <small>(Municipality Name)</small>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Phone () Email ()
<u>DeMarco Mulvey</u>	<u>315 N 13th St.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> <small>(Municipality Name)</small>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Phone () Email ()
<u>DeMarco Mulvey</u>	<u>Milwaukee 53206</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> <small>(Municipality Name)</small>	<u>11/18/2011</u> <small>(Month) (Day) (Year)</small>	Phone () Email ()

Certification of Circulator

(Printed Name of Circulator) Patricia A. Davis (Circulator's Residence - Street Name and Number) 2101-4057 Milwaukee
I, the undersigned, certify that each person who has signed this petition is a qualified elector of the State of Wisconsin. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this petition. I am aware that falsifying this certification is punishable under Wisconsin Statutes, Sections 17.13(3)(a), 17.13(3)(b), 17.13(3)(c), 17.13(3)(d), 17.13(3)(e), 17.13(3)(f), 17.13(3)(g), 17.13(3)(h), 17.13(3)(i), 17.13(3)(j), 17.13(3)(k), 17.13(3)(l), 17.13(3)(m), 17.13(3)(n), 17.13(3)(o), 17.13(3)(p), 17.13(3)(q), 17.13(3)(r), 17.13(3)(s), 17.13(3)(t), 17.13(3)(u), 17.13(3)(v), 17.13(3)(w), 17.13(3)(x), 17.13(3)(y), 17.13(3)(z), 17.13(3)(aa), 17.13(3)(ab), 17.13(3)(ac), 17.13(3)(ad), 17.13(3)(ae), 17.13(3)(af), 17.13(3)(ag), 17.13(3)(ah), 17.13(3)(ai), 17.13(3)(aj), 17.13(3)(ak), 17.13(3)(al), 17.13(3)(am), 17.13(3)(an), 17.13(3)(ao), 17.13(3)(ap), 17.13(3)(aq), 17.13(3)(ar), 17.13(3)(as), 17.13(3)(at), 17.13(3)(au), 17.13(3)(av), 17.13(3)(aw), 17.13(3)(ax), 17.13(3)(ay), 17.13(3)(az), 17.13(3)(ba), 17.13(3)(bb), 17.13(3)(bc), 17.13(3)(bd), 17.13(3)(be), 17.13(3)(bf), 17.13(3)(bg), 17.13(3)(bh), 17.13(3)(bi), 17.13(3)(bj), 17.13(3)(bk), 17.13(3)(bl), 17.13(3)(bm), 17.13(3)(bn), 17.13(3)(bo), 17.13(3)(bp), 17.13(3)(bq), 17.13(3)(br), 17.13(3)(bs), 17.13(3)(bt), 17.13(3)(bu), 17.13(3)(bv), 17.13(3)(bw), 17.13(3)(bx), 17.13(3)(by), 17.13(3)(bz), 17.13(3)(ca), 17.13(3)(cb), 17.13(3)(cc), 17.13(3)(cd), 17.13(3)(ce), 17.13(3)(cf), 17.13(3)(cg), 17.13(3)(ch), 17.13(3)(ci), 17.13(3)(cj), 17.13(3)(ck), 17.13(3)(cl), 17.13(3)(cm), 17.13(3)(cn), 17.13(3)(co), 17.13(3)(cp), 17.13(3)(cq), 17.13(3)(cr), 17.13(3)(cs), 17.13(3)(ct), 17.13(3)(cu), 17.13(3)(cv), 17.13(3)(cw), 17.13(3)(cx), 17.13(3)(cy), 17.13(3)(cz), 17.13(3)(da), 17.13(3)(db), 17.13(3)(dc), 17.13(3)(dd), 17.13(3)(de), 17.13(3)(df), 17.13(3)(dg), 17.13(3)(dh), 17.13(3)(di), 17.13(3)(dj), 17.13(3)(dk), 17.13(3)(dl), 17.13(3)(dm), 17.13(3)(dn), 17.13(3)(do), 17.13(3)(dp), 17.13(3)(dq), 17.13(3)(dr), 17.13(3)(ds), 17.13(3)(dt), 17.13(3)(du), 17.13(3)(dv), 17.13(3)(dw), 17.13(3)(dx), 17.13(3)(dy), 17.13(3)(dz), 17.13(3)(ea), 17.13(3)(eb), 17.13(3)(ec), 17.13(3)(ed), 17.13(3)(ee), 17.13(3)(ef), 17.13(3)(eg), 17.13(3)(eh), 17.13(3)(ei), 17.13(3)(ej), 17.13(3)(ek), 17.13(3)(el), 17.13(3)(em), 17.13(3)(en), 17.13(3)(eo), 17.13(3)(ep), 17.13(3)(eq), 17.13(3)(er), 17.13(3)(es), 17.13(3)(et), 17.13(3)(eu), 17.13(3)(ev), 17.13(3)(ew), 17.13(3)(ex), 17.13(3)(ey), 17.13(3)(ez), 17.13(3)(fa), 17.13(3)(fb), 17.13(3)(fc), 17.13(3)(fd), 17.13(3)(fe), 17.13(3)(ff), 17.13(3)(fg), 17.13(3)(fh), 17.13(3)(fi), 17.13(3)(fj), 17.13(3)(fk), 17.13(3)(fl), 17.13(3)(fm), 17.13(3)(fn), 17.13(3)(fo), 17.13(3)(fp), 17.13(3)(fq), 17.13(3)(fr), 17.13(3)(fs), 17.13(3)(ft), 17.13(3)(fu), 17.13(3)(fv), 17.13(3)(fw), 17.13(3)(fx), 17.13(3)(fy), 17.13(3)(fz), 17.13(3)(ga), 17.13(3)(gb), 17.13(3)(gc), 17.13(3)(gd), 17.13(3)(ge), 17.13(3)(gf), 17.13(3)(gg), 17.13(3)(gh), 17.13(3)(gi), 17.13(3)(gj), 17.13(3)(gk), 17.13(3)(gl), 17.13(3)(gm), 17.13(3)(gn), 17.13(3)(go), 17.13(3)(gp), 17.13(3)(gq), 17.13(3)(gr), 17.13(3)(gs), 17.13(3)(gt), 17.13(3)(gu), 17.13(3)(gv), 17.13(3)(gw), 17.13(3)(gx), 17.13(3)(gy), 17.13(3)(gz), 17.13(3)(ha), 17.13(3)(hb), 17.13(3)(hc), 17.13(3)(hd), 17.13(3)(he), 17.13(3)(hf), 17.13(3)(hg), 17.13(3)(hh), 17.13(3)(hi), 17.13(3)(hj), 17.13(3)(hk), 17.13(3)(hl), 17.13(3)(hm), 17.13(3)(hn), 17.13(3)(ho), 17.13(3)(hp), 17.13(3)(hq), 17.13(3)(hr), 17.13(3)(hs), 17.13(3)(ht), 17.13(3)(hu), 17.13(3)(hv), 17.13(3)(hw), 17.13(3)(hx), 17.13(3)(hy), 17.13(3)(hz), 17.13(3)(ia), 17.13(3)(ib), 17.13(3)(ic), 17.13(3)(id), 17.13(3)(ie), 17.13(3)(if), 17.13(3)(ig), 17.13(3)(ih), 17.13(3)(ii), 17.13(3)(ij), 17.13(3)(ik), 17.13(3)(il), 17.13(3)(im), 17.13(3)(in), 17.13(3)(io), 17.13(3)(ip), 17.13(3)(iq), 17.13(3)(ir), 17.13(3)(is), 17.13(3)(it), 17.13(3)(iu), 17.13(3)(iv), 17.13(3)(iw), 17.13(3)(ix), 17.13(3)(iy), 17.13(3)(iz), 17.13(3)(ja), 17.13(3)(jb), 17.13(3)(jc), 17.13(3)(jd), 17.13(3)(je), 17.13(3)(jf), 17.13(3)(jg), 17.13(3)(jh), 17.13(3)(ji), 17.13(3)(jj), 17.13(3)(jk), 17.13(3)(jl), 17.13(3)(jm), 17.13(3)(jn), 17.13(3)(jo), 17.13(3)(jp), 17.13(3)(jq), 17.13(3)(jr), 17.13(3)(js), 17.13(3)(jt), 17.13(3)(ju), 17.13(3)(jv), 17.13(3)(jw), 17.13(3)(jx), 17.13(3)(jy), 17.13(3)(jz), 17.13(3)(ka), 17.13(3)(kb), 17.13(3)(kc), 17.13(3)(kd), 17.13(3)(ke), 17.13(3)(kf), 17.13(3)(kg), 17.13(3)(kh), 17.13(3)(ki), 17.13(3)(kj), 17.13(3)(kk), 17.13(3)(kl), 17.13(3)(km), 17.13(3)(kn), 17.13(3)(ko), 17.13(3)(kp), 17.13(3)(kq), 17.13(3)(kr), 17.13(3)(ks), 17.13(3)(kt), 17.13(3)(ku), 17.13(3)(kv), 17.13(3)(kw), 17.13(3)(kx), 17.13(3)(ky), 17.13(3)(kz), 17.13(3)(la), 17.13(3)(lb), 17.13(3)(lc), 17.13(3)(ld), 17.13(3)(le), 17.13(3)(lf), 17.13(3)(lg), 17.13(3)(lh), 17.13(3)(li), 17.13(3)(lj), 17.13(3)(lk), 17.13(3)(ll), 17.13(3)(lm), 17.13(3)(ln), 17.13(3)(lo), 17.13(3)(lp), 17.13(3)(lq), 17.13(3)(lr), 17.13(3)(ls), 17.13(3)(lt), 17.13(3)(lu), 17.13(3)(lv), 17.13(3)(lw), 17.13(3)(lx), 17.13(3)(ly), 17.13(3)(lz), 17.13(3)(ma), 17.13(3)(mb), 17.13(3)(mc), 17.13(3)(md), 17.13(3)(me), 17.13(3)(mf), 17.13(3)(mg), 17.13(3)(mh), 17.13(3)(mi), 17.13(3)(mj), 17.13(3)(mk), 17.13(3)(ml), 17.13(3)(mm), 17.13(3)(mn), 17.13(3)(mo), 17.13(3)(mp), 17.13(3)(mq), 17.13(3)(mr), 17.13(3)(ms), 17.13(3)(mt), 17.13(3)(mu), 17.13(3)(mv), 17.13(3)(mw), 17.13(3)(mx), 17.13(3)(my), 17.13(3)(mz), 17.13(3)(na), 17.13(3)(nb), 17.13(3)(nc), 17.13(3)(nd), 17.13(3)(ne), 17.13(3)(nf), 17.13(3)(ng), 17.13(3)(nh), 17.13(3)(ni), 17.13(3)(nj), 17.13(3)(nk), 17.13(3)(nl), 17.13(3)(nm), 17.13(3)(nn), 17.13(3)(no), 17.13(3)(np), 17.13(3)(nq), 17.13(3)(nr), 17.13(3)(ns), 17.13(3)(nt), 17.13(3)(nu), 17.13(3)(nv), 17.13(3)(nw), 17.13(3)(nx), 17.13(3)(ny), 17.13(3)(nz), 17.13(3)(oa), 17.13(3)(ob), 17.13(3)(oc), 17.13(3)(od), 17.13(3)(oe), 17.13(3)(of), 17.13(3)(og), 17.13(3)(oh), 17.13(3)(oi), 17.13(3)(oj), 17.13(3)(ok), 17.13(3)(ol), 17.13(3)(om), 17.13(3)(on), 17.13(3)(oo), 17.13(3)(op), 17.13(3)(oq), 17.13(3)(or), 17.13(3)(os), 17.13(3)(ot), 17.13(3)(ou), 17.13(3)(ov), 17.13(3)(ow), 17.13(3)(ox), 17.13(3)(oy), 17.13(3)(oz), 17.13(3)(pa), 17.13(3)(pb), 17.13(3)(pc), 17.13(3)(pd), 17.13(3)(pe), 17.13(3)(pf), 17.13(3)(pg), 17.13(3)(ph), 17.13(3)(pi), 17.13(3)(pj), 17.13(3)(pk), 17.13(3)(pl), 17.13(3)(pm), 17.13(3)(pn), 17.13(3)(po), 17.13(3)(pp), 17.13(3)(pq), 17.13(3)(pr), 17.13(3)(ps), 17.13(3)(pt), 17.13(3)(pu), 17.13(3)(pv), 17.13(3)(pw), 17.13(3)(px), 17.13(3)(py), 17.13(3)(pz), 17.13(3)(qa), 17.13(3)(qb), 17.13(3)(qc), 17.13(3)(qd), 17.13(3)(qe), 17.13(3)(qf), 17.13(3)(qg), 17.13(3)(qh), 17.13(3)(qi), 17.13(3)(qj), 17.13(3)(qk), 17.13(3)(ql), 17.13(3)(qm), 17.13(3)(qn), 17.13(3)(qo), 17.13(3)(qp), 17.13(3)(qq), 17.13(3)(qr), 17.13(3)(qs), 17.13(3)(qt), 17.13(3)(qu), 17.13(3)(qv), 17.13(3)(qw), 17.13(3)(qx), 17.13(3)(qy), 17.13(3)(qz), 17.13(3)(ra), 17.13(3)(rb), 17.13(3)(rc), 17.13(3)(rd), 17.13(3)(re), 17.13(3)(rf), 17.13(3)(rg), 17.13(3)(rh), 17.13(3)(ri), 17.13(3)(rj), 17.13(3)(rk), 17.13(3)(rl), 17.13(3)(rm), 17.13(3)(rn), 17.13(3)(ro), 17.13(3)(rp), 17.13(3)(rq), 17.13(3)(rr), 17.13(3)(rs), 17.13(3)(rt), 17.13(3)(ru), 17.13(3)(rv), 17.13(3)(rw), 17.13(3)(rx), 17.13(3)(ry), 17.13(3)(rz), 17.13(3)(sa), 17.13(3)(sb), 17.13(3)(sc), 17.13(3)(sd), 17.13(3)(se), 17.13(3)(sf), 17.13(3)(sg), 17.13(3)(sh), 17.13(3)(si), 17.13(3)(sj), 17.13(3)(sk), 17.13(3)(sl), 17.13(3)(sm), 17.13(3)(sn), 17.13(3)(so), 17.13(3)(sp), 17.13(3)(sq), 17.13(3)(sr), 17.13(3)(ss), 17.13(3)(st), 17.13(3)(su), 17.13(3)(sv), 17.13(3)(sw), 17.13(3)(sx), 17.13(3)(sy), 17.13(3)(sz), 17.13(3)(ta), 17.13(3)(tb), 17.13(3)(tc), 17.13(3)(td), 17.13(3)(te), 17.13(3)(tf), 17.13(3)(tg), 17.13(3)(th), 17.13(3)(ti), 17.13(3)(tj), 17.13(3)(tk), 17.13(3)(tl), 17.13(3)(tm), 17.13(3)(tn), 17.13(3)(to), 17.13(3)(tp), 17.13(3)(tq), 17.13(3)(tr), 17.13(3)(ts), 17.13(3)(tu), 17.13(3)(tv), 17.13(3)(tw), 17.13(3)(tx), 17.13(3)(ty), 17.13(3)(tz), 17.13(3)(ua), 17.13(3)(ub), 17.13(3)(uc), 17.13(3)(ud), 17.13(3)(ue), 17.13(3)(uf), 17.13(3)(ug), 17.13(3)(uh), 17.13(3)(ui), 17.13(3)(uj), 17.13(3)(uk), 17.13(3)(ul), 17.13(3)(um), 17.13(3)(un), 17.13(3)(uo), 17.13(3)(up), 17.13(3)(uq), 17.13(3)(ur), 17.13(3)(us), 17.13(3)(ut), 17.13(3)(uu), 17.13(3)(uv), 17.13(3)(uw), 17.13(3)(ux), 17.13(3)(uy), 17.13(3)(uz), 17.13(3)(va), 17.13(3)(vb), 17.13(3)(vc), 17.13(3)(vd), 17.13(3)(ve), 17.13(3)(vf), 17.13(3)(vg), 17.13(3)(vh), 17.13(3)(vi), 17.13(3)(vj), 17.13(3)(vk), 17.13(3)(vl), 17.13(3)(vm), 17.13(3)(vn), 17.13(3)(vo), 17.13(3)(vp), 17.13(3)(vq), 17.13(3)(vr), 17.13(3)(vs), 17.13(3)(vt), 17.13(3)(vu), 17.13(3)(vv), 17.13(3)(vw), 17.13(3)(vx), 17.13(3)(vy), 17.13(3)(vz), 17.13(3)(wa), 17.13(3)(wb), 17.13(3)(wc), 17.13(3)(wd), 17.13(3)(we), 17.13(3)(wf), 17.13(3)(wg), 17.13(3)(wh), 17.13(3)(wi), 17.13(3)(wj), 17.13(3)(wk), 17.13(3)(wl), 17.13(3)(wm), 17.13(3)(wn), 17.13(3)(wo), 17.13(3)(wp), 17.13(3)(wq), 17.13(3)(wr), 17.13(3)(ws), 17.13(3)(wt), 17.13(3)(wu), 17.13(3)(wv), 17.13(3)(ww), 17.13(3)(wx), 17.13(3)(wy), 17.13(3)(wz), 17.13(3)(xa), 17.13(3)(xb), 17.13(3)(xc), 17.13(3)(xd), 17.13(3)(xe), 17.13(3)(xf), 17.13(3)(xg), 17.13(3)(xh), 17.13(3)(xi), 17.13(3)(xj), 17.13(3)(xk), 17.13(3)(xl), 17.13(3)(xm), 17.13(3)(xn), 17.13(3)(xo), 17.13(3)(xp), 17.13(3)(xq), 17.13(3)(xr), 17.13(3)(xs), 17.13(3)(xt), 17.13(3)(xu), 17.13(3)(xv), 17.13(3)(xw), 17.13(3)(xx), 17.13(3)(xy), 17.13(3)(xz), 17.13(3)(ya), 17.13(3)(yb), 17.13(3)(yc), 17.13(3)(yd), 17.13(3)(ye), 17.13(3)(yf), 17.13(3)(yg), 17.13(3)(yh), 17.13(3)(yi), 17.13(3)(yj), 17.13(3)(yk), 17.13(3)(yl), 17.13(3)(ym), 17.13(3)(yn), 17.13(3)(yo), 17.13(3)(yp), 17.13(3)(yq), 17.13(3)(yr), 17.13(3)(ys), 17.13(3)(yt), 17.13(3)(yu), 17.13(3)(yv), 17.13(3)(yw), 17.13(3)(yx), 17.13(3)(yy), 17.13(3)(yz), 17.13(3)(za), 17.13(3)(zb), 17.13(3)(zc), 17.13(3)(zd), 17.13(3)(ze), 17.13(3)(zf), 17.13(3)(zg), 17.13(3)(zh), 17.13(3)(zi), 17.13(3)(zj), 17.13(3)(zk), 17.13(3)(zl), 17.13(3)(zm), 17.13(3)(zn), 17.13(3)(zo), 17.13(3)(zp), 17.13(3)(zq), 17.13(3)(zr), 17.13(3)(zs), 17.13(3)(zt), 17.13(3)(zu), 17.13(3)(zv), 17.13(3)(zw), 17.13(3)(zx), 17.13(3)(zy), 17.13(3)(zz).

Circulator's
Please include your contact info in
Phone
414 251-
Email

SCOTT WALKER RECALL PETITION

Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott
an office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

3. SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>(Also indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFO
Benge S Patten Benge S Patten	1860 W Cherrys	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/23/2011	Phone (414) 6... Email
Benge S Patten Sr. Benge S Patten	1860 W Cherry St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/23/2011	Phone (414) 7... Email
Benge S Patten Benge S Patten	1910 W. Cherry H.H.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/23/2011	Phone (414) 3... Email
DARRELL R. BOSTON DARRELL R. BOSTON	1411	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/23/2011	Phone Email
Jessie Jackson Jessie Jackson	1549 N 9th B	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/23/2011	Phone Email
Philwaukee 53205		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		Phone Email

Certification of Circulator

(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

11/23/2011 2281 N 25th Milwaukee 53205

I, the undersigned, being a qualified elector of the State of Wisconsin, do hereby certify that the signatures on this petition are those of qualified electors of the State of Wisconsin, and that I am aware that falsifying this certification is punishable under S. 27.33(3)(a), Wis. Stats.

11/23/2011 Edin R. Davis

(They) (Year) (Signature of Circulator)

Page No. (Affix the Only)

000363

Circulators

Pages include your contact info

Phone (414) 55

Email

Return by January

Recall Scott Walker

PO Box 1651

Madison, WI 5370

SCOTT WALKER RECALL PETITION

Scottish Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott
an office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January
Recall Scott Walk
PO Box 1651
Madison, WI 5370

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also indicate town, city, or village)</small>	DATE OF SIGNING	CONTACT IN
Leo S. Young Sr du 8419	Street: 6201 N. Sawyer Ave. City: Milwaukee Zip: 53225	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Milwaukee (Municipality Name)	11/23/2011 (Month) (Day) (Year)	Phone () Email
Lucas Brown A. Secorin	Street: 4530 W Hadley City: Milwaukee Zip: 53810	<input type="checkbox"/> Town <input type="checkbox"/> Village Milwaukee (Municipality Name)	11/23/2011 (Month) (Day) (Year)	Phone () Email
Nohamun Lyons Yphamen Lyons	Street: 2458 N 9th St City: Milwaukee Zip: 53206	<input type="checkbox"/> Town <input type="checkbox"/> Village Milwaukee, WI (Municipality Name)	11/23/2011 (Month) (Day) (Year)	Phone () Email
Samuel Tatum Samuel Tatum	Street: 1910 W. Cherry St City: Milwaukee Zip: 53205	<input type="checkbox"/> Town <input type="checkbox"/> Village Milwaukee (Municipality Name)	11/23/2011 (Month) (Day) (Year)	Phone () Email
Lesley Buck Stacy Buck	Street: 1900 W. Cherry St City: Milwaukee Zip: 53205	<input type="checkbox"/> Town <input type="checkbox"/> Village Milwaukee (Municipality Name)	11/23/2011 (Month) (Day) (Year)	Phone () Email

Certification of Circulator

(Printed Name of Circulator) _____ (Circulator's Residence - Street Name and Number) _____ (Circulator's Municipality) _____

(Date) 11/29/2011 (Year) 2011 (Signature of Circulator) _____

I certify: I reside at _____

I circulate this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder
s petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this
n. I am aware that falsifying this certification is punishable under S. 9.13(3)(a), Wis. Stats.

Page No. (fill in the box)
000363

Circulators.
Please include your contact info in
Phone
Email

(414) 531-
531

SCOTT WALKER RECALL PETITION

seconsin Government Accountability Board. We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott
an office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

3. & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Also indicate Town, City, or Village)	DATE OF SIGNING	CONTACT IF II II II
Charles Smith	6809 W. Lloyd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/23/2011	Phone () Email ()
Charles Smith	Milwaukee 53213	(Municipality Name)	(Month) (Day) (Year)	Phone () Email ()
Janice Foster	2621 W. 2nd St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/23/2011	Phone () Email ()
	Milwaukee 53212	(Municipality Name)	(Month) (Day) (Year)	Phone () Email ()
Alton Friesley	2104 N. DR. M. K. DR. #107	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/23/2011	Phone () Email ()
Alton Friesley	Milwaukee 53212	(Municipality Name)	(Month) (Day) (Year)	Phone () Email ()
Brian L. Smith	2212 N. 49th	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/23/2011	Phone () Email ()
Brian L. Smith	Milwaukee 53208	(Municipality Name)	(Month) (Day) (Year)	Phone () Email ()
Tessie Hudley	2310 N 2 St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/23/2011	Phone () Email ()
Tessie Hudley	Milwaukee 53212	(Municipality Name)	(Month) (Day) (Year)	Phone () Email ()

Certification of Circulator

(Printed Name of Circulator) (certify): I reside at (Circulator's Residence - Street Name and Number) (Circulator Municipality)

Ellis Davis 2121-257 Milwaukee 53212

I am aware that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this petition.

11/23/2011 (Day) (Year) Ellis Davis (Signature of Circulator)

Page No. (Official Use Only) #000367

Circulators, Please include your contact info

Phone (414) 532-1111

Email

Return by Janine
Recall Scott Walker
PO Box 1651
Madison, WI 53706

sonsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott on office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Madison, WI 53701

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED

Certification of Circulator

(Printed Name of Circulator)

(Circulator's Residence - Street Name and Number)

(Circular Municipality)

Circulars,
Please include your contact info

Phone	(414) 55
Email	

Signature of Circulator) Ellen Davis

Page No. *Official Use Only*

000365

Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9, 10 of the Wisconsin Statutes.

SCOTT WALKER RECALL PETITION

Return by January
Recall Scott Walker
PO Box 1651
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFO
Kenya King	16424 N. 29th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	11/19/2011	Phone () Email
Dejaye King	W. Blackee	W. Blackee	11/19/2011	Phone () Email
Brandon Roddy	W. Blackee	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/19/2011	Phone () Email
K.R. Roddy	22380 HLK	(Municipality Name)	11/19/2011	Phone () Email
Amner Vica	2423 N. 1st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/19/2011	Phone () Email
Kevin Owens	5487 N 13th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/19/2011	Phone () Email
Kevin Adams	111 W. Acker	(Municipality Name)	11/19/2011	Phone () Email
Stacy Smith	9514 W. BERTIT RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/19/2011	Phone () Email
Theresa Smith	111 W. Acker	(Municipality Name)	11/19/2011	Phone () Email

Certification of Circulator

(Printed Name of Circulator) (Certify): I reside at (Circulator's Residence - Street Name and Number) (Circulator Municipality)
11/19/2011 Davis 219-N 5th Milwaukee 53219
I certify that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/19/2011 (Day) (Year) \$16.00 (Signature of Circulator)

Page No. (Official Use Only)
#

000366

Circulators.
Please include your contact info.
Phone
414-551-5511
Email

e Wisconsin Government Accountability Board. We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott
er from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

SCOTT WALKER RECALL PETITION

Return by Jan
Recall Scott W
PO Box 1651
Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City or Village)</small>	DATE OF SIGNING	CONTACT
Charles Johnson	1547 N. 18 St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Milwaukee <small>(Municipality Name)</small>	11/21/2011 <small>(Month) (Day) (Year)</small>	Phone () Email
Charles Johnson	Milwaukee Zip: 53203			
Gerald Mitchell	1410 E. 19th St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Milwaukee <small>(Municipality Name)</small>	11/21/2011 <small>(Month) (Day) (Year)</small>	Phone () Email
Nickel Brown	174N 19th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Milwaukee <small>(Municipality Name)</small>	11/21/2011 <small>(Month) (Day) (Year)</small>	Phone () Email
Dillon Brown	Milwaukee Zip: 53205			
Carl Moore	1721 W. Galena	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Milwaukee <small>(Municipality Name)</small>	11/24/2011 <small>(Month) (Day) (Year)</small>	Phone () Email
Carl Moore	Milwaukee Zip: 53205			
Heleen Jackson	1912 W. Cherry St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee <small>(Municipality Name)</small>	11/21/2011 <small>(Month) (Day) (Year)</small>	Phone () Email
Heleen Jackson	Milwaukee Zip: 53205			

Certification of Circulator

(Printed Name of Circulator) (Circulator's Residence Street Name and Number) (Circulator Municipality)
Ellis DAOIS 2712 1/2 ST MILWAUKEE WI 53219
I hereby certify that I am personally obtained each of the signatures of the persons listed above, and that the signatures are those of the individuals or their authorized representatives. I know that each person signed the paper with full knowledge of the content on the date indicated opposite his or her name. I know their respective residences given. I support this petition, I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.
11/29/2011 Ellis X Davis
(Month) (Day) (Year) (Signature of Circulator)

Page No. (official Use Only)
#

000367

Circulators

Please include your contact information

Phone

(414) 52

Email

Return by Janis
Recall Scott Walker
PO Box 1651
Madison, WI 537

SCOTT WALKER RECALL PETITION

e Wisconsin Government Accountability Board. We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also indicate Town, City or Village)</small>	DATE OF SIGNING	CONTACT
<u>Alle CHADSTURN</u> <u>Shelby Tatum</u>	Street: <u>1910 West Cherry St</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email Phone () ()
<u>ARTHUR Childs</u> <u>Arthur Childs</u>	Street: <u>1861 W. Cherry St</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email Phone () ()
<u>Connie Childs</u> <u>Connie Childs</u>	Street: <u>1861 W. Cherry St</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email Phone () ()
<u>James Childs</u> <u>James Childs</u>	Street: <u>1861 W. Cherry St</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email Phone () ()
<u>Shelby Tatum</u> <u>Shelby Tatum</u>	Street: <u>1910 West Cherry St</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email Phone () ()

Certification of Circulator

(Printed Name of Circulator) Eric's Davis (Circulator's Residence - Street Name and Number) 2101 N. 2nd St (Circulator Municipality) Madison

(cently) I reside at _____

I hereby certify that each of the signatures on this petition is a true and correct signature of the person whose name is written on the petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/29/2011 (Day) (Year) Eric's Davis (Signature of Circulator)

Page No. (Official Use Only) # _____

000368

Circulators
Please include your contact info

Phone
Email

414 155

WISCONSIN GOVERNMENT ACCOUNTABILITY BOARD: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott
er from office pursuant to Article XII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

SCOTT WALKER RECALL PETITION

Return by Janu
Recall Scott Wa
PO Box 1651
Madison, WI 537

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUPERSEDED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also indicate Town, City or Village)</small>	DATE OF SIGNING	CONTACT
<u>Henry Bate</u>	<u>1850 W. Kneeland</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Milwaukee</u> <small>(Municipality Name)</small>	<u>11/24/2011</u> <small>(Month) (Day) (Year)</small>	Phone <u>414 19</u> Email
<u>ROSE M BROWN</u>	<u>1949 W. Kneeland</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Milwaukee</u> <small>(Municipality Name)</small>	<u>11/21/2011</u> <small>(Month) (Day) (Year)</small>	Phone () Email
<u>LEON BROWN</u>	<u>1949 W. Kneeland St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Milwaukee</u> <small>(Municipality Name)</small>	<u>11-21-11</u> <small>(Month) (Day) (Year)</small>	Phone () Email
<u>Dean Burton</u>	<u>1949 W. Kneeland St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Milwaukee</u> <small>(Municipality Name)</small>	<u>11/20</u> <small>(Month) (Day) (Year)</small>	Phone () Email
<u>Willie Brown</u>	<u>1949 W. Kneeland</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Milwaukee</u> <small>(Municipality Name)</small>	<u>11/20/2011</u> <small>(Month) (Day) (Year)</small>	Phone () Email
<u>Willie Brown</u>	<u>Milwaukee</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Milwaukee</u> <small>(Municipality Name)</small>	<u>11/20/2011</u> <small>(Month) (Day) (Year)</small>	Phone () Email
<u>Danny Jones</u>	<u>1949 W. Kneeland St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Milwaukee</u> <small>(Municipality Name)</small>	<u>11/20/2011</u> <small>(Month) (Day) (Year)</small>	Phone () Email
<u>Danny Jones</u>	<u>Milwaukee</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Milwaukee</u> <small>(Municipality Name)</small>	<u>11/20/2011</u> <small>(Month) (Day) (Year)</small>	Phone () Email

Certification of Circulator

(Printed Name of Circulator) Ellis Davis (Circulator's Residence - Street Name and Number) 3324 S 53rd St (Circulator Municipality) Milwaukee
I hereby certify that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this
petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.
11/29 2011 Ellis Davis
(Date) (Year) (Signature of Circulator)

Page No. (Official Use Only)

000369

Circulators
Please include your contact in
Phone
(414) 555-
Email

SCOTT WALKER RECALL PETITION

Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January
Recall Scott Walker
PO Box 1651
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or line no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFO
<u>ROSA JOHANSON</u> <u>Rosa Johnson</u>	<u>2104 N. MLK #115</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Milwaukee</u> <small>(Municipality Name)</small>	<u>11/19/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()
<u>LIETTS KING</u> <u>Lietts King</u>	<u>1924 W. CHEEY ST</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> <small>(Municipality Name)</small>	<u>11/21/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()
<u>ARNOLD H. NASH</u> <u>Arnold H. Nash</u>	<u>2123 N. 2nd St. Apt. 122</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> <small>(Municipality Name)</small>	<u>11/20/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()
<u>JIMMY V. JOHNS</u>	<u>2117 N 37th</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> <small>(Municipality Name)</small>	<u>11/24/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()
	<u>Milwaukee</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Milwaukee</u> <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()

Certification of Circulator

(Printed Name of Circulator) _____ (Circulator's Residence - Street Name and Number) _____ (Circulator Municipality) _____

(certify): I reside at _____

I certify that each person who signed this petition was a qualified elector of the State of Wisconsin at the time of signing, and that the signature of each person is genuine. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this on I am aware that falsifying this certification is punishable under S.12.33(3a), Wis. Stat.

11-29 2011 Ellie R Davis

(Day) (Year) (Signature of Circulator)

Page No. (Write in Us Only)
000370

Circulators
Please include your contact info in a
Phone
414-551-
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Julia Jackson</u> Sign: <u>[Signature]</u>	Street: <u>1108 S. 77th St</u> City: <u>West Allis</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>12/4/2011</u> (Month) (Day) (Year)	Email: <u>babyw...</u> Phone: <u>(414) 9...</u>
2. Print: <u>James F. Peterson</u> Sign: <u>[Signature]</u>	Street: <u>1140 S. 119th St</u> City: <u>West Allis</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email: <u>JP 0416</u> Phone: <u>(414) 5...</u>
3. Print: <u>Jeanette Peterson</u> Sign: <u>[Signature]</u>	Street: <u>1140 S. 119th St</u> City: <u>West Allis</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email: <u>JKP062</u> Phone: <u>(414) 5...</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>() ()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>() ()</u>

Certification of Circulator

I, Jeanette Peterson, (certify): I reside at 1140 S. 119th St. West Allis
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
000371

Circulators.
Please include your contact information.

Phone: _____
Email: JKP06238

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J.
Committee t
PO Box 256
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Connie Coe</u> Sign: <u>Connie Coe</u>	Street: <u>3718 S. 34th St</u> City: <u>Greenfield</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Greenfield</u> (Municipality Name)	<u>12/8/2011</u> (Month) (Day) (Year)	Email <u>Connie</u> Phone <u>(414)</u>
2. Print: <u>Emily Coe</u> Sign: <u>Emily Coe</u>	Street: <u>3718 S. 34th St.</u> City: <u>Greenfield</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Greenfield</u> (Municipality Name)	<u>12/8/2011</u> (Month) (Day) (Year)	Email <u>iscrear</u> Phone <u>(414)</u>
3. Print: <u>Jennifer Coe</u> Sign: <u>Jennifer Coe</u>	Street: <u>3718 S. 34th St</u> City: <u>Greenfield</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Greenfield</u> (Municipality Name)	<u>12/8/2011</u> (Month) (Day) (Year)	Email <u>jen</u> Phone <u>(414)</u>
4. Print: <u>Travis A. Coe</u> Sign: <u>Travis A. Coe</u>	Street: <u>12721 W. Lambeau Ave</u> City: <u>Rutler</u> Zip: <u>53007</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rutler</u> (Municipality Name)	<u>1/2/2012</u> (Month) (Day) (Year)	Email <u>travis</u> Phone <u>(414)</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()

Certification of Circulator

I, Connie Coe, (certify): I reside at 3718 S. 34th St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Greenfield WI
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01/02 12012 Connie Coe
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

000372

Circulators,
Please include your co

Phone

(414)

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J...
Committee to
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Drew Raucina</u> Sign: <u>Drew Raucina</u>	Street: <u>3331 86th Street</u> City: <u>Kenosha</u> Zip: <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email: <u>Uwdr</u> Phone: <u>(262)</u>
2. Print: <u>DIANE RAUCINA</u> Sign: <u>Diane Raucina</u>	Street: <u>3331-86th Street</u> City: <u>Kenosha</u> Zip: <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email: <u>RAUCINA</u> Phone: <u>(262)</u>
3. Print: <u>Robert Raucina</u> Sign: <u>Robert Raucina</u>	Street: <u>3331-86th ST</u> City: <u>Kenosha</u> Zip: <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>(262)</u>
4. Print: <u>ROBERT M TENUTA</u> Sign: <u>Robert M Tenuta</u>	Street: <u>7531-33rd AVE</u> City: <u>KENOSHA</u> Zip: <u>53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>(262)</u>
5. Print: <u>David M Schultz</u> Sign: <u>David M Schultz</u>	Street: <u>2243 W. Bridge St.</u> City: <u>Milwaukee</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/12/2012</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>(414)</u>

Certification of Circulator

I, Tabitha Schultz (certify): I reside at 2243 West Bridge Street Milwaukee
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

January, 13, 2012 Tabitha Schultz
(Month) (Day) (Year) (Signature of Circulator)

Page Not for Official Use Only

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Circulators,
Please include your

Phone

(414)

Email

trau

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>FRED BORCHLEWICZ</u> Sign: <u>Fred Borchlewicz</u>	Street: <u>6632 SD 19 ST</u> City: <u>MILWAUKEE</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>12/9/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____
2. Print: <u>Louise A. Conn</u> Sign: <u>Louise A. Conn</u>	Street: <u>6361 S 22nd St</u> City: <u>Franklin</u> Zip: <u>53132</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Franklin</u> (Municipality Name)	<u>12/9/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: _____

Certification of Circulator

I, FRANK LEVAR (certify): I reside at 3820 W MAPLECREST DR
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

FRANKLIN 53132
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(5)(a), Wis. Stat.

1 / 10 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

000374

Circulators,
Please include your

Phone

414

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Recall Scott
PO Box 1651
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Kyle Robinson</u> Sign: <u>[Signature]</u>	Street: <u>7721 S Scepter Dr # 31</u> City: <u>Franklin</u> Zip: <u>53132</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Franklin</u> (Municipality Name)	<u>12 / 8 / 2011</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>

Certification of Circulator

I, PATRICE SEUKEY (certify): I reside at 7755 W. PLAINVIEW DR FRANKLIN, MILWAUKEE
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

JAN / 13 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

#

030375A

Circulators,

Please include your contact information

Phone

(414) 8

Email

PSEUKEY

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Recall Scott
PO Box 1651
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Dave Schweitzer</u> Sign: <u>Dave Schweitzer</u>	Street: <u>17901 93rd Str Bristol WI.</u> City: _____ Zip: _____	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u> (Municipality Name)	<u>12/8/2011</u> (Month) (Day) (Year)	Email <u>252 94</u> Phone ()
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ()

Certification of Circulator

I, PATRICE SELKEY (certify): I reside at 7755 W. PLAINSVIEW DR FRANKLIN, MILW CO
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

JAN / 13 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

000375

Circulators,

Please include your contact

Phone

(414) 8

Email

PSELKEY

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>BRAD Klemz</u> Sign: <u>[Signature]</u>	Street: <u>115 S. Beumont Ave</u> City: <u>Brookfield</u> Zip: <u>53005</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Brookfield</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email _____ Phone (414) 1
2. Print: <u>PATRICE SELKEY</u> Sign: <u>[Signature]</u>	Street: <u>7755 W. PLAINVIEW DR</u> City: <u>FRANKLIN</u> Zip: <u>53138</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>FRANKLIN</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email <u>PSELKEY</u> <u>YAHOO</u> Phone (414) 9
3. Print: <u>JOHN SELKEY</u> Sign: <u>[Signature]</u>	Street: <u>7755 W. PLAINVIEW DR</u> City: <u>FRANKLIN</u> Zip: <u>53132</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>FRANKLIN</u> (Municipality Name)	<u>12/05/2011</u> (Month) (Day) (Year)	Email <u>262</u> Phone (262) 9
4. Print: <u>Alyssa Kragewski</u> Sign: <u>Alyssa Kragewski</u>	Street: <u>3037 E Dale Ave</u> City: <u>Cudahy</u> Zip: <u>53110</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Cudahy</u> (Municipality Name)	<u>12/08/2011</u> (Month) (Day) (Year)	Email <u>allyk</u> Phone (414) 3
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()

Certification of Circulator

I, PATRICE SELKEY, (certify): I reside at 7755 W. PLAINVIEW DR FRANKLIN, MILW CO
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

JAN / 13 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
#001376

Circulators,
Please include your contact info
Phone
(414) 8
Email
PSELKEY

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committed
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>RONALD BUSHMAN</u> Sign: <u>[Signature]</u>	Street: <u>15055 W. FENWAY DRIVE</u> City: <u>NEW BERLIN</u> Zip: <u>53151</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>NEW BERLIN</u> <small>(Municipality Name)</small>	<u>1/9/2012</u> <small>(Month) (Day) (Year)</small>	Email <u>SWANAL</u> Phone <u>(414)</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email _____ Phone ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email _____ Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email _____ Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email _____ Phone ()

Certification of Circulator

I, Alexs Skibicki, (certify): I reside at 4256 Teakwood Ct
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Greendale WI
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012 [Signature]
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

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Circulators,
Please include your

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(414)
Email
waterk

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. <u>Lara Miller</u> Print: <u>Lara Miller</u> Sign:	Street: <u>4503 W Ramsey Ave #51</u> City: <u>Greendale WI</u> Zip: <u>53129</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Greendale</u> (Municipality Name)	<u>1 / 12 / 2012</u> (Month) (Day) (Year)	Email Phone (
2. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)	Email Phone (
3. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)	Email Phone (
4. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)	Email Phone (
5. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)	Email Phone (

I, Aleks Skibicki (certify): I reside at 4256 Teakwood Ct Greendale, WI
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.12(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)
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(Signature of Circulator)

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Amanda Marks</u> Sign: <u>[Signature]</u>	Street: <u>5850 Riverside Dr.</u> City: <u>Greendale, WI</u> Zip: <u>53129</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Greendale</u> (Municipality Name)	<u>01/11/2012</u> (Month) (Day) (Year)	Email: _____ Phone: _____ () - ()
2. Print: <u>Mary Marks</u> Sign: <u>[Signature]</u>	Street: <u>5850 Riverside Dr.</u> City: <u>Greendale, WI</u> Zip: <u>53129</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Greendale</u> (Municipality Name)	<u>01/11/2012</u> (Month) (Day) (Year)	Email: _____ Phone: _____ (414) - ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email: _____ Phone: _____ () - ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email: _____ Phone: _____ () - ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email: _____ Phone: _____ () - ()

Certification of Circulator

I, MARY MARKS (certify): I reside at 5850 Riverside Drive Greendale
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01/11/2012
(Month) (Day) (Year)
[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators,
Please include your contact information

Phone: _____
(414) - ()
Email: _____
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. RICHARD D. Kwas		Street: 7854 45 TH AVE City: KENOSHA Zip: 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/19/2011 (Month) (Day) (Year)
2. Cheryl A. Kwas		Street: 7854 - 45 Ave City: Kenosha Zip: 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/19/20 (Month) (Day) (Year)
3. Michael Benicek		Street: 4311 79 th St City: KENOSHA Zip: 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/19/2011 (Month) (Day) (Year)
4. Kelly Krebs		Street: 5427 70 th St City: Kenosha Zip: 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/28/2011 (Month) (Day) (Year)
5. Rafael Nieves		Street: 7851 45 th AVE City: Kenosha, WI Zip: 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/28/20 (Month) (Day) (Year)
6. Jennifer Johnson		Street: 5022 36 th AVE City: Kenosha WI Zip: 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/16/2011 (Month) (Day) (Year)
7. Deborah Tulkala		Street: 7851-45 th AVE City: Kenosha WI Zip: 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/18/2011 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Theresa Tulkala, (certify): I reside at 7851-45th AVE Kenosha Kenosha
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 21 / 2012
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(Signature of Circulator)

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Theresa Jakala

2 (certify): I reside at

Kenosha

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(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Edmond Williams	<i>Edmond Williams</i>	Street: 7147 W. Burleigh City: MILWAUKEE Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/18/2012 (Month) (Day) (Year)
2. Claddiq Ann Peterson	<i>Claddiq Ann Peterson</i>	Street: 2754 S. Superior St City: Milwaukee Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/10/2012 (Month) (Day) (Year)
3. Susan Wronski	<i>Susan Wronski</i>	Street: 1625 S. 65th St. City: West Allis Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	1/10/2012 (Month) (Day) (Year)
4. Robin Anick	<i>Robin Anick</i>	Street: 2463 S 59th St City: West Allis Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	1/10/2012 (Month) (Day) (Year)
5. Andrew Luendary	<i>Andrew Luendary</i>	Street: 3311 West Hwy G City: Caledonia Zip: WI	<input checked="" type="checkbox"/> Town Raymond <input type="checkbox"/> Village <input type="checkbox"/> City	1/10/2012 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Rep Backus-Wallner, (certify): I reside at 7092 Darnell Lane Greendale
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Rep Backus-Wallner
(Signature of Circulator)

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Group	Condition A	Condition B	Condition C	Condition D
Control	85%	80%	85%	90%
MCI	60%	55%	65%	70%
AD	40%	35%	45%	50%

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Kimberly Sherman	<i>Kimberly Sherman</i>	Street: 5454 S. Tuckaway Ln Apts 5 City: Greenfield Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield	1/11/2012 (Month) (Day) (Year)	Email Phone
2. Carla Rutkowski	<i>Carla Rutkowski</i>	Street: W3795 4956 W. Pretty Lake Rd City: Dousman Zip: 53118	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Ottawa	1/11/2012 (Month) (Day) (Year)	Email Phone
3. Laurice Lincoln	<i>Laurice Lincoln</i>	Street: 8032 W. Beacon Hill Dr City: Franklin Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1/11/2012 (Month) (Day) (Year)	Email Phone
4. ARLENE WALCZAK	<i>Arlene Walczak</i>	Street: 7547 S. Bishops Way City: Franklin Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FRANKLIN	1/11/2012 (Month) (Day) (Year)	Email Phone
5. Jodi Saidler	<i>Jodi A. Saidler</i>	Street: 7207 Northway City: Greendale Zip: 53129	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Greendale	1/11/2012 (Month) (Day) (Year)	Email Phone
6. LINDA BERNIER	<i>Linda Bernier</i>	Street: 7483 HIGHVIEW DR. City: GREENDALE WI Zip: 53129	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City GREENDALE	1/11/2012 (Month) (Day) (Year)	Email Phone
7. KATHERINE KEHOE	<i>Katherine Kehoe</i>	Street: 3460 S. 83rd ST City: MILWAUKEE WI Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/11/2012 (Month) (Day) (Year)	Email Phone
8. Michelle Perry	<i>Michelle Perry</i>	Street: 6018 S. Oak Park Ct City: Milwaukee WI Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/11/2012 (Month) (Day) (Year)	Email Phone
9. Joy Sobie	<i>Joy Sobie</i>	Street: 5904 W. Deloit Rd. City: West Allis, WI Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	1/12/2012 (Month) (Day) (Year)	Email Phone
10. Nick Bauer	<i>Nick Bauer</i>	Street: 1559 N Prospect Ave City: Greenfield Milwaukee Zip: 53202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/12/2012 (Month) (Day) (Year)	Email Phone

I, ERNEST E BENNETT (Name of Circulator), certify: I reside at 4821 STERLING DR. (Circulator's Residence - Street name and Number) GREENDALE (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

JANUARY 12 2012
(Month) (Day) (Year)

Ernest E Bennett
(Signature of Circulator)

Page No. (Optional Use Only)
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Circulators, please
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. DOUGLAS HOLSTE	<i>Douglas Holste</i>	Street: 6088 ORIOLE LN City: GREENDALE Zip: 53129	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City GREENDALE	1/9/2012 (Month) (Day) (Year)	Email Phone ()
2. DUANE KONGSHAUG	<i>Duane Kongshaug</i>	Street: 1506 1/2 milw AVE City: milw WI Zip: 53172	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SO milw WI	1/11/2012 (Month) (Day) (Year)	Email Phone ()
3. DIANNE KONGSHAUG	<i>Dianne Kongshaug</i>	Street: 1506 1/2 milw Ave City: So. milw Zip: 53172	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City So milw	1/11/2012 (Month) (Day) (Year)	Email Phone ()
4. SUSAN SADOWSKI	<i>Susan Sadowski</i>	Street: 10527 W. FOREST HOME AVE. City: Hales CORNERS Zip: 53130	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hales CORNERS	1/11/2012 (Month) (Day) (Year)	Email Phone ()
5. CAROL KRUEGER	<i>Carol Krueger</i>	Street: 8540 S. 36th ST City: Franklin Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1/11/2012 (Month) (Day) (Year)	Email Phone ()
6. SHARON BARMAN	<i>Sharon Barman</i>	Street: 4245 W. College Ave City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FRANKLIN	01/11/2012 (Month) (Day) (Year)	Email Phone (421)
7. TIM JOHNSON	<i>Tim Johnson</i>	Street: 7801 W. BUR OAK DR City: FRANKLIN Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FRANKLIN	01/11/2012 (Month) (Day) (Year)	Email Phone ()
8. PATRICK SCARDINO	<i>Patrick Scardino</i>	Street: 10353 S. GEORGE DRIVE City: OAK CREEK, WI Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OAK CREEK	01/11/2012 (Month) (Day) (Year)	Email Phone (414)
9. JAMES J. SCARDINO	<i>James J. Scardino</i>	Street: 10353 So. George DR City: OAK CREEK Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City oak creek	1/11/2012 (Month) (Day) (Year)	Email Phone ()
10. DONNA M. BUCKHOLTZ	<i>Donna M. Buckholtz</i>	Street: 3636 S. 86 Street City: Milwaukee Zip: 53228	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/11/2012 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, ERNEST E BENNETT, (certify): I reside at 4821 STERLING DRIVE GREENDALE
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Ernest E Bennett
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. PATRICK BOWE	<i>Patrick M. Bowe</i>	Street: 7821 S. 66 th ST. City: FRANKLIN Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FRANKLIN	1/5/2012 (Month) (Day) (Year)
2. ANDREW STEIN	<i>Andrew Stein</i>	Street: 4403 W. TUMBLE CREEK DR. City: FRANKLIN, WI Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FRANKLIN	1/5/2012 (Month) (Day) (Year)
3. Michael R Marcott	<i>Michael R. Marcott</i>	Street: 6819 S. Tiernan Ct. City: Franklin WI Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1/5/2012 (Month) (Day) (Year)
4. Peter W. Lakich	<i>Peter W. Lakich</i>	Street: 4010 W. Jerelin Dr City: FRANKLIN WI Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FRANKLIN	1/5/2012 (Month) (Day) (Year)
5. AERIE R. WETZEL	<i>Aerie R. Wetzel</i>	Street: 4010 W. JERELIN DR. City: FRANKLIN WI Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FRANKLIN	1/5/2012 (Month) (Day) (Year)
6. Nicole Kilburg	<i>Nicole Kilburg</i>	Street: 5598 Arrowwood St City: Greendale WI Zip: 53129	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Greendale <input type="checkbox"/> City	1/5/2012 (Month) (Day) (Year)
7. Brian McKenna	<i>Brian McKenna</i>	Street: 10633 W. Church St. City: FRANKLIN Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FRANKLIN	1/5/2012 (Month) (Day) (Year)
8. Karen Kammers	<i>Karen Kammers</i>	Street: 8108 S. 60 th ST. City: Franklin Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1/7/2012 (Month) (Day) (Year)
9. SHIRLEY KAMMERS	<i>Shirley Kammers</i>	Street: 8108 S. 60 th ST City: Franklin Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1/7/2012 (Month) (Day) (Year)
10. Thomas G Nawrocki	<i>Thomas G. Nawrocki</i>	Street: 7121 S. SCEPTER DR #24 City: Franklin Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1/7/2012 (Month) (Day) (Year)

Certification of Circulator

I, ERNEST E BENNETT, (certify): I reside at 4821 STERLING DRIVE GREENDALE
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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1. Ronald Stinson	<i>Ronald Stinson</i>	Street: 2337 W. Vista Bella City: Oak Creek Zip: WI 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ORK CREEK	12/18/2011 (Month) (Day) (Year)
2. LAWRENCE GRAHAM	<i>Lawrence Graham</i>	Street: 3800 W. Iona Ter. City: Milwaukee WI Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee, WI	12/18/2011 (Month) (Day) (Year)
3. Debra Benedum	<i>Debra Benedum</i>	Street: 3219 S. Dagfield Ave City: Milwaukee WI Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee, WI	12/29/2011 (Month) (Day) (Year)
4. Florinda Graham	<i>Florinda Graham</i>	Street: 3800 W. Iona Terrace City: Milwaukee WI Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/18/2011 (Month) (Day) (Year)
5. DIANE STINSON	<i>Diane Stinson</i>	Street: 2337 W. Vista Bella Dr. City: Oak Creek, WI Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OAK CREEK	12/18/2011 (Month) (Day) (Year)
6. Beverly Bennett	<i>Beverly Bennett</i>	Street: 4821 Sterling Dr. City: Greendale, WI Zip: 53129	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Green dale	12/18/2011 (Month) (Day) (Year)
7. VONNE FROELICH	<i>Vonne Froelich</i>	Street: 4513 W. Oklahoma Ave City: MILWAU Zip: 53219	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MILWAU	1/4/2012 (Month) (Day) (Year)
8. THOMAS MINOR	<i>Thomas Minor</i>	Street: 7989 S. W. FOREST DR. City: OAK CREEK Zip: WI.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OAK CREEK	1/4/2012 (Month) (Day) (Year)
9. LINDA MINOR	<i>Linda Minor</i>	Street: 7989 S. W. Forest City: Oak Creek Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oak Creek	1/4/2012 (Month) (Day) (Year)
10. MAURICE ROSE	<i>Maurice Rose</i>	Street: 8735 W. Meadow City: Franklin Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1/4/2012 (Month) (Day) (Year)

Certification of Circulator

I, ERNEST E BENNETT, (certify): I reside at 4821 STERLING DRIVE GREENDALE, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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Ernest E Bennett
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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1. DANIEL R. JAHN	<i>Daniel R Jahn</i>	Street: 1734 LAKEVIEW AVE City: S. MILW Zip: 53172	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City S. MILW.	1/7/2012 (Month) (Day) (Year)
2. CHARLES P. MOORE	<i>Charles P. Moore</i>	Street: 6744 HEATHMEADOW CT City: GREENDALE WI. Zip: 53129	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City GREENDALE	1/7/2012 (Month) (Day) (Year)
3. JACQUES LAKE	<i>Jacques Lake</i>	Street: 1118 S. 72nd St. City: West Allis Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	1/7/2012 (Month) (Day) (Year)
4. RITA RAKOWSKI	<i>Rita Rakowski</i>	Street: 4899 Sterling DR City: Greendale Zip: 53129	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Greendale <input type="checkbox"/> City	1/7/2012 (Month) (Day) (Year)
5. CHRISTINE RAKOWSKI	<i>Christine Rakowski</i>	Street: 4899 Sterling Dr. City: Greendale Zip: 53129	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Greendale <input type="checkbox"/> City	1/7/2012 (Month) (Day) (Year)
6. DORIS STEPANSKI	<i>Doris Stepanski</i>	Street: 5380 S. 21st St. City: Milwaukee WI Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/8/2012 (Month) (Day) (Year)
7. JOAN STEPANSKI	<i>Joan Stepanski</i>	Street: 2664 S. Clement Ave City: Milwaukee Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/8/2012 (Month) (Day) (Year)
8. KURT KILLBERG	<i>Kurt Killberg</i>	Street: 568 W12886 Bristlecone Lane City: MUSKEGO Zip: 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MUSKEGO	1/9/2012 (Month) (Day) (Year)
9. KENNETH J. GIBSON	<i>Kenneth J. Gibson</i>	Street: 3904 S. PRAIRIE HILL LN City: GREENFIELD Zip: 53228	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City GREENFIELD	1/9/2012 (Month) (Day) (Year)
10. BRIAN GIBSON	<i>Brian Gibson</i>	Street: 7208 ELBERTON AVE City: GREENDALE Zip: 53129	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village GREENDALE <input type="checkbox"/> City	1/9/2012 (Month) (Day) (Year)

Certification of Circulator

I, ERNEST E BENNETT (Name of Circulator), (certify): I reside at 4921 STERLING DRIVE (Circulator's Residence - Street name and Number) GREENDALE (Circulator Municipality)

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JANUARY, 12, 2012
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Ernest E Bennett
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. SHIRLEY A. PILAK-STACHOWIAK	<i>Shirley A. Pilak-Stachowiak</i>	Street: 6055 W. BEACON HILL City: FRANKLIN Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FRANKLIN	1/9/2012 (Month) (Day) (Year)
2. Michael G. Szabo	<i>Michael Szabo</i>	Street: 7218 Hillendale Dr. City: Franklin Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1/9/2012 (Month) (Day) (Year)
3. Sara Sibley	<i>Sara Sibley</i>	Street: 7204 Dorchester Ln City: Greendale Zip: 53129	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greendale	1/9/2012 (Month) (Day) (Year)
4. DALE MOATS	<i>Dale A. Moats</i>	Street: 7126 NICHOLSON RD. City: CALLEDONIA Zip: 53108	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CALLEDONIA <input type="checkbox"/> City	1/9/2012 (Month) (Day) (Year)
5. Mary Moats	<i>Mary Moats</i>	Street: 7126 Nicholson Rd City: Caledonia Zip: 53108	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	1/9/2012 (Month) (Day) (Year)
6. Ella Louise BUCHANAN	<i>Ella Louise Buchanan</i>	Street: 4959 W. EVERGREEN City: Franklin Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1/9/2012 (Month) (Day) (Year)
7. Cecilia A. Felician	<i>Cecilia A. Felician</i>	Street: 7260 CONFIELD AVE. City: GREENDALE Zip: 53129	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City GREENDALE	1/9/2012 (Month) (Day) (Year)
8. LOUIS F. FELICIAN	<i>Louis Felician</i>	Street: 7260 CONFIELD AVE. City: GREENDALE Zip: 53129	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village GREENDALE <input type="checkbox"/> City	1/9/2012 (Month) (Day) (Year)
9. Kevin Mullikin	<i>Kevin Mullikin</i>	Street: 4805 Fairway Dr City: Waterford Zip: 53185	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Waterford	1/9/2012 (Month) (Day) (Year)
10. Brent Knudson	<i>Brent Knudson</i>	Street: 3760 S. 85th St City: Milwaukee Zip: 53228	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/9/2012 (Month) (Day) (Year)

Certification of Circulator

I, ERNEST E BENNETT, (certify): I reside at 4821 STERLING DRIVE GREENDALE
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Ernest E Bennett
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SCOTT WALKER RECALL PETITION

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1. Genevieve CARNEY	<i>Genevieve Carney</i>	Street: 4758 STERLING DR. City: Greendale WI Zip: 53129	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City GREENDALE	1/12/2012 (Month) (Day) (Year)	Email Phone ()
2. THOMAS CARNEY	<i>Thomas Carney</i>	Street: 4758 STERLING DR. City: Greendale Zip: 53129	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City GREENDALE	1/12/2012 (Month) (Day) (Year)	Email Phone ()
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4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
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6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

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JANUARY, 12, 12012
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Ernest E Bennett
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SCOTT WALKER RECALL PETITION

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1. Lindalu Fox-Wheeler	<i>Lindalu Fox-Wheeler</i>	Street: 2651 S. 50 th St City: Milwaukee Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/11/2012 (Month) (Day) (Year)	Email Phone () ()
2. Anna Knowles	<i>Anna Knowles</i>	Street: N167 W21290 So St City: Jackson Zip: 53037	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Jackson	01/11/2012 (Month) (Day) (Year)	Email Phone () ()
3. Katie Voss	<i>Katie Voss</i>	Street: N82 W13370 Fond du Lac Ave City: Menomonee Falls Zip: 53051	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menomonee Falls	01/11/2012 (Month) (Day) (Year)	Email Phone () ()
4. Megan Kenyon	<i>Megan Kenyon</i>	Street: 2633 N 56 th St City: Milwaukee Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	01/11/2012 (Month) (Day) (Year)	Email Phone () ()
5. Keith Kenyon	<i>Keith Kenyon</i>	Street: 2633 N. 56 St City: Milwaukee Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	01/11/2012 (Month) (Day) (Year)	Email Phone () ()
6. Ashley Zunker	<i>Ashley Zunker</i>	Street: 1980 Shagbark Lane City: Union Grove Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	1/11/2012 (Month) (Day) (Year)	Email Phone () ()
7. Murray A Wheeler	<i>Murray A Wheeler</i>	Street: 2651 S. 50 th STREET City: MILWAUKEE Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	01/11/2012 (Month) (Day) (Year)	Email Phone () ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone () ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone () ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone () ()

Certification of Circulator

I, Lindalu Fox-Wheeler, (certify): I reside at 2651 South 50th Street Milwaukee (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012
(Month) (Day) (Year)

Lindalu Fox-Wheeler
(Signature of Circulator)

Page No. (optional only)
000331

Circulators, please
Phone () ()
Email
If only

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Raymond J Gurney	<i>Ray J Gurney</i>	Street: 3312 S 12th St City: West Allis Zip: 53220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis BB	12/15/2011 (Month) (Day) (Year)	Email: other Phone: 414
2. Chris vanThun	<i>Chris vanThun</i>	Street: 2959 S 104th City: West Allis, WI Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis BB	12/15/2011 (Month) (Day) (Year)	Email: CMVD Phone: 414
3. Jerry L. Epstein	<i>Jerry L. Epstein</i>	Street: 8400 S. Turlock Ave City: Franklin Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin BB	12/15/2011 (Month) (Day) (Year)	Email: JEP Phone: 414
4. JAMES LITTMANN	<i>James Littmann</i>	Street: 3848 E. Carpenter City: Cudahy Zip: 53110	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cudahy BB	12/16/2011 (Month) (Day) (Year)	Email: 414 Phone: 414
5. Leanne Greco-Gill	<i>Leanne Greco-Gill</i>	Street: 5685 S. Andrae Dr City: New Berlin Zip: 53151	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Berlin BB	12/19/2011 (Month) (Day) (Year)	Email: 414 Phone: 414
6. MICHAEL G. DOERING	<i>Michael G. Doering</i>	Street: 8785 S. 83 St City: FRANKLIN Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin BB	12/19/2011 (Month) (Day) (Year)	Email: 414 Phone: 414
7. HARMAN A. ARTHUR	<i>Arthur Harman</i>	Street: 3972 S. 117th St City: GREENFIELD Zip: 53228	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield BB	12/19/2011 (Month) (Day) (Year)	Email: 414 Phone: 414
8. SHELLI J. ZORIC	<i>Shellie J. Zoric</i>	Street: 1521 Big Bend Rd-110 City: WAUKESHA Zip: 53189	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waukesha BB	12/19/2011 (Month) (Day) (Year)	Email: 414 Phone: 414
9. Linda Taylor	<i>Linda M. Taylor</i>	Street: 12284 W. Verona Ct City: West Allis, WI Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis BB	12/19/2011 (Month) (Day) (Year)	Email: 414 Phone: 414
10. Brian Taylor	<i>Brian Taylor</i>	Street: 12284 W Verona Ct City: West Allis, WI Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis BB	12/19/2011 (Month) (Day) (Year)	Email: 414 Phone: 414

Certification of Circulator

I, Barbara A. Gradmichi, (certify): I reside at 10125 S. 7532 Steinfeld Ct. Muskego
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator's Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Dec. 19 2011
 (Month) (Day) (Year)

Barbara A. Gradmichi
 (Signature of Circulator)

Page No. (Official Use Only)
 #000392

Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. FRED F. PRAXER	<i>Fred F. Praxer</i>	Street: 2434 14th AV City: So. Milwaukee Zip: 53172	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City S. Milwaukee BB	12/2/2011 (Month) (Day) (Year)
2. WALLACE LARSON	<i>Wallace Larson</i>	Street: 10520 W. Dean Rd City: Milwaukee, Wisc Zip: 53224	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee BB	12/6/2011 (Month) (Day) (Year)
3. WILLIAM J. ROEHR	<i>William J. Roehr</i>	Street: N96 W14140 Knollcrest Ct City: GERMAN TOWN, WI Zip: 53022	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City German Town BB	12/2/2011 (Month) (Day) (Year)
4. RALPH GUGERTY	<i>Ralph Gugerty</i>	Street: 8157 LEGEND DR City: FRANKLIN Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin BB	12/15/2011 (Month) (Day) (Year)
5. Dan Kirchner	<i>Dan Kirchner</i>	Street: 1921 S. 91st St City: West Allis, WI Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis BB	12/15/2011 (Month) (Day) (Year)
6. Jill Kirchner	<i>Jill C. Kirchner</i>	Street: 1921 S. 91st St City: West Allis, WI Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis BB	12/15/2011 (Month) (Day) (Year)
7. Dorothy Krause	<i>Dorothy Krause</i>	Street: 10405 W. Plum Tree Cir #104 City: Hales Corners Zip: 53130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Hales Corners BB	12/15/2011 (Month) (Day) (Year)
8. DAVID KELLY	<i>David Kelly</i>	Street: 4656 N 76th Street City: Milwaukee Zip: 53218	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee BB	12/15/2011 (Month) (Day) (Year)
9. Zenise M. Lucas	<i>Zenise M. Lucas</i>	Street: 2771 N. 51st Street City: Milwaukee Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee BB	12/15/2011 (Month) (Day) (Year)
10. Jesse J. Wobose	<i>Jesse J. Wobose</i>	Street: 1713 Edgewood Ave City: South Milwaukee Zip: 53172	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City S. Milwaukee BB	12/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Barbara A. Brubaker (Name of Circulator), (certify): I reside at W. 125 S. 7532 Streetford Ct (Circulator's Residence - Street name and Number), S. Milwaukee (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 15 / 2011
(Month) (Day) (Year)

Barbara A. Brubaker
(Signature of Circulator)

Page No. (Official Use Only)

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CONTACT

Email

Phone (414) 70

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Phone (414) 3

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Phone (262) 5

Email (414) 523

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Phone (414) 2

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Phone (414) 4

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Phone (414) 6

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Phone (414) 4

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. EDWIZA	Ed Wiza	Street: 10324 S MCGRAW City: OAK CREEK Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OAK CREEK	12/13/2011 (Month) (Day) (Year)	Email Phone
2. KEVIN HENSEN	Kevin Hensen	Street: 3424 N. 56th St. City: MILWAUKEE WI Zip: 53216	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	12/13/2011 (Month) (Day) (Year)	Email Kevin Phone (414)
3. Lillian Jones	Lillian Jones	Street: 7324 W. Becker City: West Allis Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	12/13/2011 (Month) (Day) (Year)	Email Phone
4. Rita Lee	Rita Lee	Street: 8671 W. Greenbrook Dr. City: Milwaukee Zip: 53224	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/14/2011 (Month) (Day) (Year)	Email Phone
5. Sharon Rogalinski	Sharon Rogalinski	Street: 3432 W. Parnell Av City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/16/2011 (Month) (Day) (Year)	Email Phone
6. Lori Scholl	Lori Scholl	Street: 1608 W. 140th Ave City: Menomonee Falls WI Zip: 53051	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menomonee Falls	12/16/2011 (Month) (Day) (Year)	Email Phone
7. Aeneas Oliver	Aeneas Oliver	Street: 8713 W. Mill Rd 7 City: Milwaukee Zip: 53225	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/17/2011 (Month) (Day) (Year)	Email Phone
8. Brandi Beverly	Brandi Beverly	Street: 7511 W. Center #12 City: Milwaukee WI Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/17/2011 (Month) (Day) (Year)	Email Phone
9. Maureen Holmes	Maureen Holmes	Street: 7527 W. National Ave City: Milwaukee Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/17/2011 (Month) (Day) (Year)	Email MoJo Phone (414)
10.		Street: 7511 W. Center City: Milwaukee Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Devonna Joy, (certify): I reside at 598 W 21442 Parker Dr Muskego WI 53150
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 28 / 2011
(Month) (Day) (Year)

Devonna Joy
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Randall T. Yeum	<i>[Signature]</i>	Street: 736a S. 22nd St City: Milwaukee WI Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/31/2011 (Month) (Day) (Year)
2. MHOMED I GOVANI DE M H M E D I G O V A N I	<i>[Signature]</i>	Street: 1535 W. NATIONAL AVE City: Milwaukee Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/31/2011 (Month) (Day) (Year)
3. Scott J. Katafias	<i>[Signature]</i>	Street: 1704 W National Ave City: Milwaukee Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/31/2011 (Month) (Day) (Year)
4. Reynaldo Davila	<i>[Signature]</i>	Street: 2246 S. 31st City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/31/2011 (Month) (Day) (Year)
5. Carmen S. Rodriguez	<i>[Signature]</i>	Street: 2246 S. 31st St City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/31/2011 (Month) (Day) (Year)
6. Dorsey Bray	<i>[Signature]</i>	Street: 1019 S. 20th City: Milwaukee Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/31/2011 (Month) (Day) (Year)
7. ELVIRA ROSS	<i>[Signature]</i>	Street: 1028 A W Pierce St City: Milwaukee Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/31/2011 (Month) (Day) (Year)
8. Debra Rutkowski	<i>[Signature]</i>	Street: 5702 W. Lincoln Ave City: West Allis Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	12/31/2011 (Month) (Day) (Year)
9. Jessica Fonseca	<i>[Signature]</i>	Street: 555 W. Oakwood Rd City: Oak Creek Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oak Creek	12/31/2011 (Month) (Day) (Year)
10. Jose Ortiz	<i>[Signature]</i>	Street: 2727 S. 13th City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/31/2011 (Month) (Day) (Year)

Certification of Circulator

I, Devonna Jay, (certify): I reside at 578 Walnut St Parker Dr. Muskego WI 53150
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Devonna Jay
(Signature of Circulator)

Page No. (Official Use Only)
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Circulator's
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. James Riemer	<i>[Signature]</i>	Street: 1028 A.S. 18th street City: Milwaukee Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/31/2011 (Month) (Day) (Year)
2. DANNA VARGAS VARGAS	DANNA VARGAS	Street: 15705 5th St City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/31/2011 (Month) (Day) (Year)
3. Joyce Grant	Joyce Grant	Street: 1706 S. 1st street #1 City: Milwaukee, WI Zip: 53205	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee, WI	12/31/2011 (Month) (Day) (Year)
4. DAWN Grzegosz	Dawn Grzegosz	Street: 1527 SO 15th St City: Milwaukee WI Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/31/2011 (Month) (Day) (Year)
5. Lorraine Saldana	<i>[Signature]</i>	Street: 2425 W. Orchard St City: Milwaukee Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/31/2011 (Month) (Day) (Year)
6. Richard Thelen	Richard Thelen	Street: 1105 S. 20th St City: Milwaukee Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/31/2011 (Month) (Day) (Year)
7. Jennifer Cook	Jennifer Cook	Street: 1312 S. 24th St City: Milwaukee Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/31/2011 (Month) (Day) (Year)
8. Gene Goeden	Gene Goeden	Street: 900 S. 4th St City: Milwaukee Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/31/2011 (Month) (Day) (Year)
9. Nicole Villa	Nicole Villa	Street: 1033-A W. Walker St. City: Milwaukee Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/31/2011 (Month) (Day) (Year)
10. Apolinar Yonseca	Apolinar Yonseca	Street: 555 W Oakwood City: Oak Creek Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oak Creek	12/31/2011 (Month) (Day) (Year)

Certification of Circulator

I, Devonna Joy, (certify): I reside at 598 W 21442 Parker Dr. Muskego WI 53150
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 31 / 2011
(Month) (Day) (Year)

Devonna Joy
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

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1. Brenda Schwane	<i>Brenda Schwane</i>	Street: 588W 30984 Meyer Drive City: Mukwonago, WI Zip: 53149	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mukwonago	12/31/2011 (Month) (Day) (Year)	Email: <i>Brenda</i> Phone: <i>(761)</i>
2. Bruce Schimel	<i>Bruce Schimel</i>	Street: W14256814 Gaulke Dr. City: Mustango wisc. Zip: 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mustango	1/05/2012 (Month) (Day) (Year)	Email: <i>(414)</i> Phone: <i>(414)</i>
3. Lauren Warden	<i>Lauren Warden</i>	Street: 3937 Heatheridge Dr City: Franklin WI Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1/11/2012 (Month) (Day) (Year)	Email: <i>lulu</i> Phone: <i>(414)</i>
4. Ferdinand Torres	<i>Ferdinand Torres</i>	Street: 6112 South 34 th Street City: Greenfield WI Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield	1/11/2012 (Month) (Day) (Year)	Email: <i>(414)</i> Phone: <i>(414)</i>
5. Robert Rice	<i>Robert Rice</i>	Street: 4848 So 22 Pl City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/11/2012 (Month) (Day) (Year)	Email: <i>(414)</i> Phone: <i>(414)</i>
6. Martha Kraebien	<i>Martha Kraebien</i>	Street: 4590 S. NICHOLSONA #205 City: GUDAHY WI Zip: 53110	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City GUDAHY	1/11/2012 (Month) (Day) (Year)	Email: <i>(414)</i> Phone: <i>(414)</i>
7. JERI HEY	<i>Jeri Hey</i>	Street: 5230 W WELLS City: MILWAUKEE Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/11/2012 (Month) (Day) (Year)	Email: <i>(414)</i> Phone: <i>(414)</i>
8. Rosemary Weber	<i>Rosemary Weber</i>	Street: 2021 W. Goldcrest Ave City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/11/2012 (Month) (Day) (Year)	Email: <i>(414)</i> Phone: <i>(414)</i>
9. MICHAEL A SCHMIDT	<i>Michael Schmidt</i>	Street: 6142 So 27 th St City: MILWAUKEE Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/11/2012 (Month) (Day) (Year)	Email: <i>262</i> Phone: <i>(414)</i>
10. BARTOLO VISCUSO	<i>Bartolo Viscuso</i>	Street: 3930 W EDGERTON AV City: GREENFIELD Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City GREENFIELD	1/11/2012 (Month) (Day) (Year)	Email: <i>(414)</i> Phone: <i>(414)</i>

Certification of Circulator

I, Devonna Jay, (certify): I reside at 398W 21442 Parker Dr. Mustango 53150
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/1/2012
(Month) (Day) (Year)

Devonna Jay
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. DONALD R. Brickler	<i>[Signature]</i>	Street: 2137 W. College Plots 508 City: OAK CREEK Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OAK CREEK	1/11/2012 (Month) (Day) (Year)
2. THOMAS Ziolkowski	<i>[Signature]</i>	Street: 5040 South Greenbrook Tr. City: Greenfield Zip: 53220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield	1/11/2012 (Month) (Day) (Year)
3. NANCY Ziolkowski	<i>[Signature]</i>	Street: 5040 South Greenbrook Tr. City: GREENFIELD WI Zip: 53220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City GREENFIELD WI	1/11/2012 (Month) (Day) (Year)
4. Lawrence B. Schultz	<i>[Signature]</i>	Street: 4919 S. 40 St. City: Greenfield WI Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield	01/11/2012 (Month) (Day) (Year)
5. Joshua W. Beardsley	<i>[Signature]</i>	Street: 6343 S. 35th St. #97 City: Franklin WI Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1/11/2012 (Month) (Day) (Year)
6. ALAN J. SMITH	<i>[Signature]</i>	Street: 2434 W. EDGEMONT AVE City: MILWAUKEE, WI Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/11/2012 (Month) (Day) (Year)
7. JULIANNA NAVARRO JR.	<i>[Signature]</i>	Street: 10411 CADDY LANE City: CALEDONIA Zip: 53108	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	1/11/2012 (Month) (Day) (Year)
8. Theodore Lanz	<i>[Signature]</i>	Street: 3350 S. 35th ST City: MILWAUKEE Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/11/2012 (Month) (Day) (Year)
9. Claire Estes	<i>[Signature]</i>	Street: 2426 W. Highview Ave. City: Oak Creek WI Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oak Creek	1/11/2012 (Month) (Day) (Year)
10. Steve Grams	<i>[Signature]</i>	Street: 5122 S 21st ST City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/11/2012 (Month) (Day) (Year)

Certification of Circulator

I, Sarah Robertson, (certify): I reside at 4100 W. Acre Ave Franklin 53132
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 12 / 2012
(Month) (Day) (Year)

Sarah Robertson
(Signature of Circulator)

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Circulators, p

Phone

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Sherryl Miller	Sherryl M Miller	Street: 1825 W. Timber Ridge Ln #9102 City: OAKCREEK, WI Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OAKCREEK	1/11/2012 (Month) (Day) (Year)
2. JOHN BERG	[Signature]	Street: 2441 E RAMSEY AVE City: CUDAHY WI Zip: 53110	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CUDAHY	1/11/2012 (Month) (Day) (Year)
3. Therese M Schrubbe	Therese M Schrubbe	Street: 2077 W Kimberly City: MILWAUKEE WI Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/11/2012 (Month) (Day) (Year)
4. John C Koch	John C Koch	Street: 1299 ELLIS ST City: WAUKESHA Zip: 53186	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUKESHA	1/11/2012 (Month) (Day) (Year)
5. PALE BOZICH	[Signature]	Street: 708 A MARQUETTE AVE City: SOUTH MILWAUKEE WI Zip: 53172	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SOUTH MILWAUKEE	1/11/2012 (Month) (Day) (Year)
6. Lisa Broecker	Lisa Broecker	Street: 6545 Mariner Dr Unit 4 City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village M+. Pleasant <input type="checkbox"/> City	1/11/2012 (Month) (Day) (Year)
7. PATRICK ROBINSON	Patrick Robinson	Street: 3817 W. SOUTHLAND City: FRANKLIN Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FRANKLIN	1/11/2012 (Month) (Day) (Year)
8. Lesley Connor	Lesley Connor	Street: 4431 SKYLARK Lane City: Greendale Zip: 53129	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City GREENDALE	1/11/2012 (Month) (Day) (Year)
9. JOSEPH MAREK	Joseph Marek	Street: 5477 LORY DR City: GREENDALE Zip: 53129	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City GREENDALE	1/11/2012 (Month) (Day) (Year)
10. Theresa Kujawski	Theresa Kujawski	Street: 2250 W College Ave #4 City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/11/2012 (Month) (Day) (Year)

Certification of Circulator

I, Sarah Robertson (Name of Circulator), (certify): I reside at 4100 W. Acre Ave Franklin 53132 (Circulator's Residence - Street name and Number) (Circulator Municipality)

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Sarah Robertson
(Signature of Circulator)

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Circulators, please

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Heather Glaesner	<i>Heather Glaesner</i>	Street: 1823 W. ASPEN ST. City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/11/2012 (Month) (Day) (Year)
2. Leah Stapleton	<i>Leah Stapleton</i>	Street: 2080 E HICKORY DR City: OAK CREEK WI Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OAK CREEK	1/11/2012 (Month) (Day) (Year)
3. ZHUCK OLMSTERD	<i>Chuck Olmsterd</i>	Street: 2117 W. HILLTOP LN City: OAK CREEK Zip: WIS. 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OAK CREEK	1/11/2012 (Month) (Day) (Year)
4. Patricia Simandl	<i>Patricia Simandl</i>	Street: 8100 S. 20th ST City: Oak Creek, WI Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oak Creek	1/11/2012 (Month) (Day) (Year)
5. Penny Sherman	<i>Penny Sherman</i>	Street: 4608 SO. 20th City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/11/2012 (Month) (Day) (Year)
6. IMTIAZ JAFFARY	<i>Imtiaz Jaffary</i>	Street: 5584 S. 27th ST. City: MILWAUKEE Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/11/2012 (Month) (Day) (Year)
7. ZAKIA JAFFARY	<i>Z Jaffary</i>	Street: 5584 S. 27th ST City: MILWAUKEE Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/11/2012 (Month) (Day) (Year)
8. John Surges	<i>John Surges</i>	Street: 4601 Sterling CT. City: Greendale Zip: 53129	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Greendale <input type="checkbox"/> City	1/11/2012 (Month) (Day) (Year)
9. JOHN KALIEKI	<i>John Kalieki</i>	Street: 4307 W. Ramsey Ave. #18 City: Greendale Zip: 53129	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Greendale <input type="checkbox"/> City	1/11/2012 (Month) (Day) (Year)
10. ROBERTA Wojtysiak	<i>Roberta Wojtysiak</i>	Street: 10511 South 27th ST City: Franklin Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FRANKLIN	1/11/2012 (Month) (Day) (Year)

Certification of Circulator

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Sarah Robertson
(Signature of Circulator)

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Circulators, please

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